

Canberra Obstetric Customer feedback and complaints form



Date:

Contact Details					
Name					
Address					
Phone Number					
E-mail					
Compliment / feedback / complaint reported to (if applicable)					
How would you rate our practice on the following: (please select)	Great	Very Good	Good	Fair	Poor
How was your overall experience at Canberra Obstetric					
Cleanliness					
Appearance					
Comfort					
Security					
How would you rate our staff on the following:	Great	Very Good	Good	Fair	Poor
Friendliness					
Responsiveness					
Patience					
Empathy					
Helpfulness					
Summary/comments					
If applicable, what outcome are you seeking?					
Would you like to be contacted regarding your comments?					